

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 534268

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER			AS FILED	AFTER		AFTER		
	1 ST AMENDMENT		2 ND AMENDMENT				1 ST AMENDMENT		2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	1										
TOTAL DEP.	10										
TOTAL CLAIMS	11										